## PART B - FEE(S) TRANSMITTAL

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EXAMINER		ART UNIT		CLASS-SUB	CLASS						
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"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN	ndence address (or Change of 122) attached.  cation (or "Fee Address" Indication or more recent) attached. Use 12 DRESIDENCE DATA TO B 12 S an assignee is identified be 13 To FR 3.11. Completion	ation form e of a Customer E PRINTED ON TR	registered 2 registered listed, no		and the nam or agents. If d.	es of up to no name is 3	, the docu	ment has been filed			
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YAMAHA CORPO		Hamamatsu-shi, Japan									
Please check the appropria	te assignee category or catego	ries (will not be prin	nted on the p	atent): 🗖 Indiv	ridual 🖾 C	orporation or other priv	vate group	entity Governme			
I lease effect the appropria	e enclosed:		Payment of	` '							
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